



How to register with a GP surgery

To register yourself or someone else with a GP surgery, fill in this form and give it to the surgery you want to register with.

You should:

- use a 'tick' or 'x' for boxes where necessary.
- complete all sections that apply to you or the person you are registering.
- provide as much information as possible.
- use BLOCK CAPITALS.
- if you cannot answer a question or it does not apply write 'Not applicable' or 'N/A'.
- only use black or blue ink.
- ask at the reception desk of the surgery you want to register with if you need help completing this form.

Which sections should be completed?

- Part A - all sections that apply.
- Part B - for 18 years and over or if you have underlying medical conditions.
- Part C - only complete these sections if you do not normally live in the UK.

You may be contacted by the GP surgery if you do not complete all the relevant sections.

Register online

It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

PART A

Try to provide as much information as possible. If a question does not apply to you or the person you are registering write 'Not applicable' or 'N/A'.

Section 1 - Who is registering?

1 Are you registering

Yourselves (Go to Section 2 - Patient details)

Someone else

Only provide your details if you are registering someone else.

2 Your name

3 Your relationship to the person you are registering

4 Your contact phone number



You can help save lives as a blood organ donor. Become someone's lifeline.

Visit www.nhsbt.nhs.uk/lifeline or call us on 0300 123 23 23.

Section 2 - Details of patient registering

<p>1 Title</p> <input type="text"/>	<p>14 Have you ever lived somewhere else in the UK?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2 First name</p> <input type="text"/>	<p>15 Last address in the UK</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode
<p>3 Last name</p> <input type="text"/>	<p>The NHS and your GP surgery can use these details to call, text or email you about health care services - by providing the details below you consent to be contacted by them. All phone numbers must be registered in the UK.</p>
<p>4 Middle name (if you have one)</p> <input type="text"/>	<p>16 Home phone number (Landline)</p> <input type="text"/> <input type="checkbox"/> Preferred contact <input checked="" type="checkbox"/>
<p>5 Previous last name</p> <input type="text"/>	<p>17 Mobile phone number</p> <input type="text"/> <input type="checkbox"/> Dissent to SMS <input checked="" type="checkbox"/> <input type="checkbox"/> Preferred contact <input checked="" type="checkbox"/>
<p>6 Date of birth DD MM YYYY</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>18 Email address</p> <input type="text"/> <input type="text"/> <input type="checkbox"/> Preferred contact <input checked="" type="checkbox"/>
<p>7 What is your sex as recorded on your NHS record?</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Not specified or known	<p>19 Name of emergency contact</p> <input type="text"/>
<p>8 NHS Number (if you have it)</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>20 Phone number of emergency contact</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>9 Village, town or city of birth</p> <input type="text"/>	<p>21 Their relationship to you</p> <input type="text"/>
<p>10 Country of birth</p> <input type="text"/>	<p>22 Name of next of kin</p> <input type="text"/>
<p>11 Current address</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<p>23 Phone number of next of kin</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<p>12 What postcode did you give to the last GP surgery you registered with?</p> <input type="text"/>	<p>21 Their relationship to you</p> <input type="text"/>
<p>13 Name and address of UK GP surgery you registered with</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode	<p>In accordance with the Data Protection Act, the practice needs consent if you are happy for a 3rd party to obtain test results and other medical information on your behalf. Please complete this section if you would like to register a 3rd party.</p> <p>I give consent for _____ to obtain test results / medical information / appointment information on my behalf (Delete as appropriate)</p> <p>IT IS YOUR RESPONSIBILITY TO ADVISE US OF ANY CHANGES TO THESE INSTRUCTIONS:</p> <p>Signed: _____ Dated: _____</p>

Section 3 - Patients under 18 years

For children under 12 months only

1 Where were they born?

- England Northern Ireland Wales
 Isle of Man Scotland Outside the UK

2 Where was the mother living when the baby was born?

Postcode

For patients under 18 years

1 Do you attend any of the following

- School Nursery Home school
 None of these

2 Address

Postcode

3 Are any of these involved in your care?

- Hospital specialist Health worker
 Social worker None of these

4 Have you had all your routine vaccinations?

- Yes No Don't know

5 Did you get your routine vaccinations in the UK?

- Yes No Don't know

Section 4 - Additional information

1 What is your ethnic group?

Choose one section from A to E, then tick one box to best describe your ethnic group or background.

(A) White

- English, Welsh, Scottish, Northern Irish or British
 Irish Gypsy or Irish Traveller

Any other White background

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(B) Mixed or multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian

Any other Mixed or Multiple ethnic background

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(C) Asian or Asian British

- Indian Pakistani Bangladeshi
 Chinese

Any other Asian background

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(D) Black/African/Caribbean/British

- African Caribbean

Any other Black, African or Caribbean background

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(E) Other ethnic group

- Arab

Any other ethnic group

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- Prefer not to say

Section 4 - Additional information (continued)

<p>2 Have you registered with a UK GP before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3 If you have moved to the UK, what date did you arrive?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>4 Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defence GP in the UK or overseas?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say</p> <p>If you were given a FMED133A form (sometimes called an FMED1 form) when you left the UK Armed Forces, you should give this to your GP surgery.</p> <p>5 Do you need an interpreter for your appointments?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6 What language?</p> <p><input type="text"/></p> <p><input type="checkbox"/> British Sign Language (BSL)</p> <p>7 Are you a carer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8 What is your relationship to the person you are caring for?</p> <p><input type="text"/></p> <p>9 What type of carer are you?</p> <p><input type="checkbox"/> Young carer, under 18 <input type="checkbox"/> Paid as a job</p> <p><input type="checkbox"/> Unpaid, but may get benefits</p>	<p>10 Do you have a carer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11 What is your relationship to your carer?</p> <p><input type="text"/></p> <p>12 What type of carer are they?</p> <p><input type="checkbox"/> Young carer, under 18 <input type="checkbox"/> Paid as a job</p> <p><input type="checkbox"/> Unpaid, but may get benefits</p> <p>13 Carer's contact telephone number</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>14 What pharmacy do you want your prescriptions sent to?</p> <p>Pharmacy address</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Postcode <input type="text"/></p> <p>If you live in one of the following villages we offer the option of having your medication dispensed from our surgery, please tick below if you would prefer this option:</p> <p><input type="checkbox"/> Arnesby <input type="checkbox"/> Foston <input type="checkbox"/> Peatling Magna / Parva</p> <p><input type="checkbox"/> Ashby Magna <input type="checkbox"/> Gilmorton <input type="checkbox"/> Shearsby</p> <p><input type="checkbox"/> Bruntingthorpe <input type="checkbox"/> Kilby <input type="checkbox"/> Willoughby Waterleys</p> <p><input type="checkbox"/> Yes, I live in one of the villages listed and would like my medication dispensed at the surgery.</p>
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Do you want important information from your GP record to be available to other health and care professionals when being treated by them?

Your GP surgery needs permission to share important information from you GP record. This is called a Summary Care Record (SCR). Your SCR can **only** be shared with health care staff across England who are providing you with **direct care**. It gives them access to vital information from your GP record.

Yes, share a Summary Care Record without additional information
Includes details of your medicines, allergies and adverse reactions only

Yes, share a Summary Care Record with additional information
Includes details of your medicines, allergies, adverse reactions and additional information, which includes details of any significant illnesses and health problems, operations and vaccinations.

No, do not share a Summary Care Record
Details of your medicines, allergies, adverse reactions and additional information will not be shared with anyone involved in your direct care.

Data shared with other NHS establishments (such as a Walk In Centre, Urgent Care Centre, Community Services etc.) can view information directly from your record as well as enter it for the GP surgery to view, only when providing you care. This is know as the Enhanced Data Sharing Model (eDSM).

Sharing Information **OUT** **Yes, share data with other NHS organisations.** **No, do not share information recorded at your GP practice; I fully accept the risks associated with this decision.**

Sharing Information **IN** **Yes, consent given to view information entered in your record.** **No, consent refused; I fully accept the risks associated with this decision.**

PART B

Section 5 - Patient Health

1 Have you ever had any of these conditions?

- Alzheimer's disease or dementia
- Asthma COPD Diabetes Type 1
- Epilepsy Heart disease Diabetes Type 2
- CKD High blood pressure (hypertension)
- Stroke Thyroid disease Cancer

2 Tick all that apply

- I smoke I used to smoke I have never smoked
- Nicotine vape Non-nicotine vape

You can find help and support to stop smoking on the NHS website:

<https://www.nhs.uk/live-well/quit-smoking/>



3 On average, how many cigarettes do/did you smoke a day?

4 What date did you stop smoking? DD MM YYYY

5 How often do you drink alcohol?

- Never
- Monthly or less 2 to 4 times a month
- 2 to 3 times a week 4 or more times a week

6 How many units of alcohol do you drink on a typical day when you are drinking?

1 pint of 4% beer is 2.5 units, a small 125ml glass of wine is 1.5 units and a 25ml shot of spirits is 1 unit.

7 How often have you had six or more units of alcohol on a single occasion in the last year?

- Never
- Less than monthly Monthly
- Weekly Daily or almost daily

A vitals machine is located in our reception if you do not have the ability to take the following readings at home, please ask at reception if you are unsure.

8 What is your weight?

 Kilograms or Stone Pounds

9 What is your height?

 Centimeters or Foot Inches

10 Your blood pressure readings

1st reading /

2nd reading /

11 Allergies

Please also state the type of reaction. For example; rash

12 Mental health conditions

Section 5 - Patient Health (continued)

13 Disabilities

14 Other medical conditions

15 Give any details of any medications you are taking

Are any of these repeat dispensing?

Yes No

16 Do you or your carer need to be communicated in an accessible format?

For example, braille, audio, large format or EasyRead

Tell us what you need

17 Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?

For example, an audible or visual alert in the waiting room

Tell us what you need

PART C

Section 6 - Patients from abroad

Complete this section if you are:

- visiting the UK and do not normally live here.
- currently living in the UK, but do not think of it as your permanent country of residence. For example, you are studying here or have come to the UK as part of your job.
- a permanent resident in the UK and receive a pension or benefit from a European country.

Information on eligibility to free care outside the GP practice

Anyone can register with a GP practice and receive free medical care from that practice. However, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply if you are a visitor or temporary resident.

Some groups of visitors or temporary residents are eligible to receive this care free of charge. Documentation may be required to demonstrate eligibility.

Examples of those eligible include:

- refugees, asylum seekers, those receiving certain forms of state support
- suspected or confirmed victims of modern slavery and human trafficking
- temporary residents with a valid visa of over 6 months. You may have paid the immigration health surcharge with your visa application. Note that assisted conception services remain chargeable to this group
- visitors from the EEA will need to provide their EHIC (European Health Insurance Card), which covers immediately necessary unplanned treatment, or a S2 form which covers planned treatment

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for infectious diseases and sexually transmitted infections.

Immediate necessary care, maternity care and other urgent care that cannot wait until a chargeable visitor's departure from the UK will not be withheld or delayed due to charges. But non-urgent treatment will not be given until full payment is received.

More information can be found here: <https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide>



Select the statement that applies to you

- I understand I may have to pay for NHS treatment outside of the GP practice.
- I do not have to pay for NHS treatment outside of the GP practice and have documents to prove this.
- I do not know if I have to pay for treatment.

Section 6 - Patients from abroad (continued)

Giving us this information means that if you need NHS care outside the GP practice and you are entitled to that care without charge, it will be easier for you to demonstrate this entitlement.

We'll use the information to establish your chargeable status in order to recover NHS costs from countries responsible for your healthcare where applicable. This will not impact your entitlement to register with the GP practice or to receive free GP services.

1 Tick one of the following	
<input type="checkbox"/> I have an S1 form issued by an EU or EEA member state	<input type="checkbox"/> I am in receipt of a European pension or benefit
<input type="checkbox"/> I am entitled to an EHIC card, but I do not have one	<input type="checkbox"/> I am in the UK as part of my employment
<input type="checkbox"/> I have an EHIC card issued by an EU or EEA member state	<input type="checkbox"/> None of these

Enter detail from your EHIC	
2 Country code	<input type="text"/>
3 Name	<input type="text"/>
4 Given name	<input type="text"/>
5 Date of birth DD MM YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6 Personal identification number	<input type="text"/>
7 Identification number of the institution	<input type="text"/>
8 Identification number of the card	<input type="text"/>
9 Expiry date DD MM YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

How will your EHIC and S1 data be used?

By using your EHIC for NHS treatment costs your EHIC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process. Your EHIC or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.